

## **NEBRASKA STATE BOARD OF HEALTH MEETING**

### **D R A F T MINUTES – July 24, 2006**

**ATTENDANCE NOTIFICATION.** A regular meeting of the State Board of Health was called to order by the Chair, Linda Lazure, PhD, RN, at 1:05 p.m. on July 24, 2006 in conference room LL-F of the Nebraska State Office Building in Lincoln. Copies of the agenda were mailed to board members, news media, and other interested parties prior to the meeting. The meeting was advertised in the legal section of the July 14<sup>th</sup>, 2006 edition of the *Omaha World Herald*. Committee meetings were held at the same location from 8:15 am to 11:30 am. The following members were present: Sam Augustine, PharmD; Janet Coleman, Public Member; Edward Discoe, MD; Kent Forney, DVM; Linda Heiden, Public Member; Linda Lazure, PhD, RN; Pamela List, APRN; Roger Reamer, Hospital Administrator; Paul Salansky, OD; Robert Sandstrom, PhD, PT; Clint Schafer, DPM; Leslie Spry, MD; Gwen Weber, PhD; Gary Westerman, DDS; Daryl Wills, DC. Members not attending: Tim Crockett, PE; Russell Hopp, DO

**APPROVAL OF AGENDA.** Dr. Lazure made a motion to approve the agenda for the July 24, 2006 meeting. All in favor by voice vote; the agenda was approved by consent calendar.

**APPROVAL OF MINUTES.** Dr. Augustine made a capitalization correction on page 4 of the draft minutes from the May 15, 2006 meeting. Revised minutes were approved by consent calendar.

**CHAIRPERSON'S REPORT.** Dr. Lazure, Chair, reported on the following:

1. Harry Borchert retired effective Friday, June 23rd. Replacement support for the PHEL Committee has not yet been identified. Kelli Dalrymple started her new position with the Nursing Section of the Credentialing Division. Helen Donlan is a temporary secretary who is assisting through the end of August.
2. The annual All Boards Meeting sponsored by Helen Meeks and the Credentialing Division is scheduled for September 29<sup>th</sup>. Details will be shared when available; location is the W.H. Thompson Alumni Center on the UNO North Campus in Omaha. The topic is Criminal Convictions, Licensure & Discipline: Past, Present and Future.” The Board of Health has been offered 10-15 minutes of agenda time.
3. Today we held the second of our “meet and greets” with professional board chairs. Dr. Daniel Ullman from the Board of Psychologists attended. Pam List will report on this as part of her committee report. Kathleen English from the Board of Athletic Training was also invited, but unable to attend. We had an excellent exchange of ideas and learned quite a bit.

4. President Bush announced his intention to nominate Nancy Montanez Johner, Director of the Nebraska Department of Health and Human Services, to be the next Undersecretary for Food, Nutrition and Consumer Services at the U.S. Department of Agriculture.
5. Dr. Lazure asked if any Board members have attended any professional board meetings that they would like to report on.  
There is a current 2006 Professional Board Meeting Schedule under Tab 2 in your notebooks.
  - Dr. Lazure attended the June 12<sup>th</sup> Board of Cosmetology meeting, the June 30<sup>th</sup> Board of Medicine and Surgery meeting and the July 12<sup>th</sup> Board of Nursing meeting.
  - Dr. Spry attended the May 19<sup>th</sup> Board of Psychology meeting, including their closed session where issues brought forward resulted in a most interesting ethical discussion. Dr. Spry found it interesting to learn about the jurisprudence examination. He was warmly received and appreciated hearing the discussions.
  - Pam List attended the Public Health Law Team meeting on May 31<sup>st</sup>. The public hearing on the quarantine and isolation regulations was held on June 22<sup>nd</sup>. The next steps in this work will be that the district health department will develop their own regulations in line with the state regulations. These regulations do not address nuisance laws, which is more controversial. Two other issues to be discussed are: the merits of the state public health improvement plan, and development of a proposal for consistent language on release and disclosure of medical records by HHSS. The next meeting will be in August.

Dr. Lazure reminded the board that it is important to let Monica Gissler know in advance when members are planning to attend a meeting.

6. Congratulations to Pam List on her appointment to the Nebraska Center for Nursing. Governor Heineman also appointed Sharon Hayek and reappointed Judy McGee, all recommendations from the Board of Health. The Governor also recently appointed Gary Bieganski to serve on the Nebraska State College System Board of Trustees.
7. As a reminder, if you have not sent in your list of 3 priorities for the Board of Health, please send it to Monica. She has only received responses from four members. Our working retreat will be held Sunday, September 24<sup>th</sup> at The Staybridge in Lincoln. More information will be sent out in a couple of weeks. This is an important meeting as we will plan our direction for the Board of Health in upcoming years. We will review our current by-laws, and discuss any proposed changes. Information about the retreat will be sent to board members in the near future.
8. The HHS Office of Public Health is sponsoring the “Expanding our Vision – Transforming Vital Public Health Systems” conference in Omaha on October 5-6. You all received brochures in the mail on this. At this time, is anyone planning to attend? Monica Gissler will attend. Sounds like a wonderful conference with state and national speakers and I encourage any board members to go.

9. On the agenda today is the credentialing review for midwifery. If you wish to speak and have not yet signed in, please do so on the sheet posted on the back table.

**DIRECTOR'S/CHIEF MEDICAL OFFICER'S REPORT.** Dr. Schaefer was out of town and unable to attend the meeting today, but she provided a written report on the following topics:

- West Nile Virus Update – three cases to date
- Bioterrorism Funding
- Public Health Conference on October 5-6 in Omaha. Invitations were mailed to all Board of Health members. Monica will be attending.
- Cancer Group (Every Woman Matters) Seeking New Members
- Mumps Update

**LEGISLATIVE UPDATE.** Bryson Bartels, HHS Communications, provided a written update on Interim Study Resolutions for 2006. His written summaries of all bills are online at the HHS website. For more information, call Bryson at 402/471-0541 or email at [bryson.bartels@hhss.ne.gov](mailto:bryson.bartels@hhss.ne.gov).

**NEBRASKA CENTER FOR NURSING BOARD.** Linda Lazure, PhD, RN. Their web site is [www.Center4Nursing.org](http://www.Center4Nursing.org). Dr. Lazure attended her last meeting on June 1<sup>st</sup>. Pam List is now on the board along with two other new appointments. Dr. Lazure requested that Charlene Kelly give an update. Dr. Kelly explained that the Nebraska Center for Nursing Board has four goals and gave a brief update on each goal. In terms of recruitment the focus is on ethnic minorities and men. In terms of recruitment the board is doing a study of nurses that go inactive to find out why. They are planning a major retention conference for employers to share tips and strategies for retention. The data project is wrapping up a vacancy report and this is showing that vacancies are down from a couple of years ago. Regarding capacity, the board is doing some things to increase school capacity. They are working on a project with school deans to avoid duplication for some requirements (background checks, etc.) that are in place for clinicals (currently each clinical requires some of the same checks). A student would have a “student passport” and eliminate the duplication. They are getting ready to issue their first student loans.

**NCR2000 & ULL UPDATE** - Janet Coleman and Linda Lazure reported. For more information contact Mary Maahs Becker at 402/471-4616.

The NCR Committee met on June 29 and they received an update on the ULL Rewrite. The Department is working with the bill drafter on the latest version for format, clean-up, coordination of language and that the proposed changes already discussed with stakeholders have been made. Stakeholders should receive a copy of the draft sometime in September. Hopefully, the ULL/UCA will go to the legislature next session.

This version does not contain substantive changes with two exceptions: 1) Add language to reinstatement of credentials for Nursing because of the Nursing compact language - not an issue for others; 2) Possibly add language defining what is public information.

The ULL/UCA rewrite is 945 pages long (now includes all the practice acts).

There was discussion of possible improvements to the Credentialing Review (407) Program; non-committee members were invited to participate and participants included Dr. Discoe and

former Board of Health member Dr. Vaughan. A document that included improvements to the Program under discussion was included in the Board of Health notebooks and an improvement discussion is part of BOH unfinished business.

**PREP** – Dr. Sandstrom gave an update on the Respiratory Care Therapist PREP (Periodic Regulatory Evaluation Process), an outgrowth of the Nebraska Credentialing Reform. He explained that the Committee has had a series of meetings and we are getting close to ending that process. The committee is trying to schedule one more meeting because at the June 26 meeting the Committee proposed that Durable Medical Equipment vendors/appropriate representatives should be invited to meet with the Committee in order to discuss public safety concerns that have been brought up by the respiratory care practitioners. That meeting will be later this summer. . We've had a series of meetings this spring using the PREP process. We are getting close to ending that process. We're trying to schedule one more meeting. One issue that has come up is the distribution of CPAC, home oxygen and this has been a concern of RC and so we would like to have a meeting with DME. That meeting will be later this summer. There is some tension around this issue and I've only heard one side.

There were seven affirmations and twelve recommendations drafted at the June 26 meeting.

Pam List attended the NEAPHI meeting – Nebraska Educational Alliance for Public Health Impact. Ms. List distributed a fact sheet about the background and purpose of the group. There are about thirty organizations involved and representation is from various universities, colleges, public health associations, professional associations, and others. This group is very loosely organized and only two meetings per year are scheduled with the majority of the work done at the committee level. The value is that people are getting together to share information about their own organization and how they can come together to work collaboratively to maximize resources and avoid duplication. A grant funds a full-time coordinator for NEAPHI. It is a very interesting group and it is something that fits with the role of the Board of Health by working toward a stronger public health workforce in Nebraska. Dr. Lazure asked if any other members would be interested in becoming involved with NEAPHI; Dr. Augustine and Dr. Weber volunteered.

## **COMMITTEE REPORTS.**

**Rules and Regulations Committee** – Dr. Forney, Committee Chair, reported on the following:

### **REGULATIONS FOR APPROVAL:**

- 172 NAC 5, Mandatory Reporting by Health Care Professionals, Facilities, Peer Review Organizations, Professional Associations, and Insurers. Dr. Forney made a committee motion to accept the regulations as amended at the morning committee meeting. Voting yes: 15 (Augustine, Coleman, Discoe, Forney, Heiden, Lazure, List, Reamer, Salansky, Sandstrom, Schafer, Spry, Weber, Westerman, Wills); voting no: 0; not voting: 0. Motion carried.
- The second vote on these regulations was based on the following discussion. Dr. Spry suggested that the board should also add cleanup language. He has a concern because while

the initial legislation sought background checks for all health care providers, a second issue the legislation dealt with was reports about malpractice issues and a change in statute to eliminate duplicative reporting by insurance representatives and individuals. Consumers who think they were injured by a provider can be approached by insurers and something could be implemented if they reach agreement. This did not preclude a later filing by consumer, however, the agreement would not trigger self-reporting by provider so it could be a happier solution for all. However, the bill did not revise 71-1,200 (2). This means the insurers are not exempt from reporting so now the individual is exempt however the insurer is not. Dr. Spry moved that the Board of Health encourage the Policy Cabinet to look at or otherwise revise statute 71-1,200 so that it is in conformity with the original intent of Senator Byers and LB 306. Dr. Discoe seconded the motion. Voting yes: 13 (Coleman, Discoe, Forney, Heiden, Lazure, List, Reamer, Salansky, Sandstrom, Schafer, Spry, Weber, Westerman, Wills); voting no: 2 (Augustine, Lazure); not voting: 0. Motion carried.

- 172 NAC 12, Emergency Medical Services. Joyce Davidson explained that when the regulations were originally written, they complied with facility regulation statutes. This group now needs to comply with Uniform Licensing Law statutes, so the Office of the Attorney General and HHS Legal both state that these amendments need to be made to repeal both Chapters 12 and 13. Dr. Forney made a committee motion to approve. voting yes: 15 (Augustine, Coleman, Discoe, Forney, Heiden, Lazure, List, Reamer, Salansky, Sandstrom, Schafer, Spry, Weber, Westerman, Wills); voting no: 0; not voting: 0. Motion carried.
- 172 NAC 13, Emergency Medical Services Training Agencies. Dr. Forney made a committee motion to approve. voting yes: 15 (Augustine, Coleman, Discoe, Forney, Heiden, Lazure, List, Reamer, Salansky, Sandstrom, Schafer, Spry, Weber, Westerman, Wills); voting no: 0; not voting: 0. Motion carried.
- 172 NAC 16, Fees Relating to Alcohol and Drug Counselors (New Regulations). Dr. Forney made a committee motion to approve these fee changes, which actually reflect a decrease. Voting yes: 15 (Augustine, Coleman, Discoe, Forney, Heiden, Lazure, List, Reamer, Salansky, Sandstrom, Schafer, Spry, Weber, Westerman, Wills); voting no: 0; not voting: 0. Motion carried.

#### **REVIEW THE FOLLOWING REGULATIONS:**

- 404 NAC 6-006, Centers for the Developmentally Disabled (CDD) Licensing Requirements (New Regulations). These regulations address long-standing concerns regarding the need to consolidate and streamline the regulations for programs and facilities that provide services to individuals with developmental disabilities. This new title combines regulations from three sets of HHS regulations.

**Credentialing Review (407) Committee** – Dr. Discoe, Committee Chair, reported.

Dr. Discoe presented the findings of the Credentialing Review Committee on both Midwifery proposals. The details of the Technical Review Committee recommendations as well as our

Board of Health July 7, 2006 Committee meeting were in handouts available. Concerns revolved around the area of home births.

Dr. Lazure explained the process to be used today for accepting public comment on the Direct Entry Midwifery and the Certified Nurse Midwifery credentialing reviews. For the purpose of public comments, the reviews will be handled jointly. After the comments of the Technical Committee chair, proponents and opponents will have a total of 15 minutes for each side, with no limits placed on the number of speakers. Those wishing to speak must sign in on the sheet posted, and state which side you are supporting. Responses to questions will not count against the speaker's time. This is not a referendum or a public hearing.

Dr. Wills, as Chair of the Technical Review Committee, to report on the review.  
Dr. Wills explained the process used by the technical review committee and the final recommendations.

Autumn Foster Cook, proponent; and Heather Swanson, CNM, the applicant, spoke for 15 minutes.

Ms. Cook – Pointed out that the group organized the sending of post cards because of comments at the technical review committee that there was little public support. Ms. Cook believes the decision was made in error. She explained her background that emphasized strong medical family and community ties. Even though her family might not support the use of midwives, their belief in freedom combined with their recognition of safety studies would mean they would support her choice. Ms. Cook knows that Dr. Spry is concerned that this would take us back to the 1800s and he is right to be concerned because anyone could say they were a midwife. Midwives are different today and they can handle most complications in birth or recognize the complications early and transport. Birth does carry inherent risks – research has shown that risks are different in home births and hospital births – there are risks in both but they are different risks. What we ask is the right to choose what is best for us and our children. This nation was founded on the principle that people ought to have the right to choose for themselves. We ask you as public health officials to allow us the choice.

Dr. Spry asked how easy is it to acquire the supplies needed for a home birth. Ms. Cook has not had a home birth so could not answer from personal experience.

Heather Swanson presented a powerpoint (handout available). She reviewed the proposals. Ms. Swanson noted that birth centers were mentioned at the last meeting and she loved that comment because she also thinks there should be more birth centers. The problem is the practice agreement and the rest of things that go along with it.

Ms. Swanson cited data that was presented during the review, and pointed out results from previous 407 reviews. She reminded the Board of Health of the 407 goals and explained that she, like Dr. Wills, expected an academic unbiased review and feels this did not happen. Ms. Swanson explained several opposition points and, from her perspective, the errors in the opposition evidence. Statistics that Dr. Schaefer had presented at a legislative hearing was quoted and Ms. Swanson added information to clarify several points. Ms. Swanson pointed out

that the outcome statistics are good and do not just deal with home births. The bottom line regarding an increase of patient satisfaction is included in at least one study. In the ACNM and ACOG joint statement about midwifery there is no mention of supervision or written practice agreement. The Federal Definition of Nurse Midwife practice included that practice agreements do not have to be collaborative agreements. Ms. Swanson pointed out that she provided the PEW Report "The Future of Midwifery". Ms. Swanson said it is not just about safety but it is about cost and consumer satisfaction.

In response to Dr. Spry's earlier question about supplies for home birth. Jennifer Graham responded. She has had two home births. Referring back to Dr. Spry's earlier question, a licensed attendant was with me for my births and those people would have access to and knowledge of supplies, etc. regardless of where the woman was in the state of Nebraska. Heather Swanson added that they would know where to get sutures and oxygen, etc.

Dr. Wills added a point of information. He had tried to be sure the committee had information and whether they looked at it, only they know.

Dr. Sandstrom suggested that it appears to come down to a balance of safety and choice. He pointed out the report from the National Academy of Sciences on pre-term births. Increasing – has increased 30% in last ten years. I am a Physical Therapist so I see results from pre-term births since among the increased risk for pre-term infants is disabilities – i.e. motor skills. What is interesting to me is that no one knows why the number of pre-term births is increasing. This concerns me especially when it affects this vulnerable population. Ms. Swanson – midwives have been effective in reducing the pre-term births. Dr. Sandstrom – I don't disagree but the fact is the academy does not know why the number of pre-term births is increasing and the data shows it is increasing. What are the minimum requirements for midwives? Ms. Swanson explained the midwifery education. Dr. Sandstrom asked if there were requirements for and listed a number of areas he read from the statutes of Nurse Midwives. Swanson said that yes there are requirements in the training for these areas. Swanson said that those Nurse Midwife statutes are being revised and NARM was not in existence when originals written - now language changing because covered by NARM. Sandstrom pointed out that in the Nurse Midwife statutes – you have to have clinical experience and the number of hours are in the statute. Are any of those in the proposal? Ms. Swanson said that those are part of the NARM exam requirements. Lacking accreditation of an education program you have a stronger program by having it in statutes - in fact regardless of accreditation, it would be a stronger program. Dr. Wills asked who accredits NARM? – NOCA answered Ms. Swanson. Dr. Sandstrom – quoting from Nurse Midwife statutes - a physician visit is necessary within four weeks of seeing a midwife and this is not in proposal. Ms. Swanson responded no because NARM does not feel it is necessary. Ms. Swanson said the nice thing about nurse midwives is there are a lot of physicians who work with midwives. Dr. Sandstrom stated that in the Nurse Midwife law there has to be some know of collaborative relationship. Ms. Swanson clarified however that no practice agreement is required. Dr. Sandstrom responded that informed consent is required. Ms. Swanson said that she believes this is in proposal, and she is not opposed to that because the midwives do that now. Dr. Sandstrom said he supports the concept of better access

but is not convinced that the proposal is complete, and that collaborative practice is important. Ms. Swanson is more concerned about what is going on right now.

Opponents spoke for 15 minutes.

David Buntain, lobbyist for the Nebraska Medical Association (NMA). Mr. Buntain commended Dr. Wills and the technical review committee and Dr. Discoe and his committee for all their work. This is not a personal issue between the two groups but it is a policy issue for the children, mothers and public health of Nebraska. We do believe the committees reached the right result and the NMA urges the Board of Health to adopt the recommendation of their sub-committee. We continue to have concerns about home births. We have concerns about the Certified Nurse Midwife proposal that would eliminate the collaborative practice agreement. I certainly see how we can make some changes. I think it is noteworthy that throughout this process there the Nebraska Midwives Association and the Nebraska Nurses Association have not participated. They are not here and I think that says a lot.

Dr. Sandstrom stated that in the report there are concerns about Certified Nurse Midwives obtaining practice agreements. Mr. Buntain responded that they have always said that if there are concerns about obtaining practice agreements the NMA would work with them and we have never been contacted about concerns. My sense is that often it is a communication problem.

Mr. Buntain reiterated that he has no knowledge of problems, and added that he believes a map would show midwives would be located in population centers. Dr. Spry said there is a similar issue with the APRNs, that they said they could not get collaborative agreements but now they can and he believes the same would be true here. Mr. Buntain – every time it is argued that this will improve access to rural care statistics show that is not true because people cluster in population centers. There may be some improvement but not the solution. One issue is approving a two-tier health care by accepting something less in rural. Dr. Sandstrom said some of their data is pretty compelling so he would not say it would be two-tier.

Dr. Lazure asked why the Nebraska Nurses Midwives Association and the Nebraska Nurses Association were not here. Ms. Swanson responded that the Nebraska Chapter of Midwives is rather disorganized. They decided when legislation came up last year to not publicly support midwives legislation. There have been individual midwives who support this but as an organization they did not support it. Dr. Lazure asked about the NNA. Ms. Swanson said she did not approach the NNA at all. Their support was not necessary and they did not come speak in opposition.

Carly Runestad, Health Policy Specialist at the Nebraska Hospital Association (NHA). We oppose both proposals. Low-risk pregnancy can become a high risk pregnancy very quickly and many risks cannot be predicted until they occur. One study in the proposal indicates that 12.1 % of women intending to deliver at home had to be transferred and 3.4% were considered urgent. These were women who had already been prescreened and determined to be low risk. Ms. Runestad talked about transport concerns and the ability to transport in a timely manner. 53



minutes in and out was the average transport time. Distance and transportation are impediments to timely care. The infant mortality rates have steadily declined since the 1960s. A written practice agreement provides protection for health care professionals and mother and child. It was brought up in regard to the Technical Review Committee's ability to decide in an objective manner. I believe that they were not able to support the proposals as a whole. The NHA urges the Board of Health to protect the welfare of women and babies by rejecting these proposals.

Dr. Sandstrom responded that travel time is still an issue if you are traveling to the hospital to give birth. Ms. Runestad said sure transportation is an issue however most would start to hospital sooner if a hospital birth was planned - not wait until there are complications. Ms. Runestad was asked to respond to pre-term births. Certified Nurse Midwives tend to work with mothers who are highly educated and upper income so they are not necessarily serving those vulnerable populations that were identified in the study. Dr. Lazure stated appreciation for her acknowledgement of the preparation of the committee. Just because the committee members ask a question does not mean that they have not read everything. These are good people who are on the committee. They volunteer at great cost to them and their families. Ms. Runestad said there were portions of the proposal that people were very supportive of. The NHA is supportive. But again, since you are asked to look at this as a whole, while they want to support much they cannot support the whole. Dr. Sandstrom asked if they could work with these people. Ms. Runestad approached Ms. Swanson and said when you this process is done they should work together to discuss an approach. Dr. Lazure explained she and Mr. Buntain were on opposite sides regarding nursing issue some years ago and it is proof that reasonable people can reach reasonable solutions. Dr. Lazure acknowledged appreciation for the public people who have participated in this process.

Ms. List, APRN, asked a question. Being from a rural area – how do you stay clinically competent - whether it is a CNM or DEM, given the fact that rural areas are becoming increasing elderly – how will they keep their skills up when there are fewer and fewer deliveries? A second issue, if you do come down to home birth what will their malpractice be when it has become an issue for physicians who do obstetrics?

Ms. Swanson – Competency – Credentialing renewal requirements cover much of this. Direct Entry Midwives have to maintain a certain number of deliveries to maintain certification. Midwives are not versed in as many technical skills so the numbers don't make such a difference. In regards to skills, there are mechanisms for that, for example working with another midwife. Numbers don't necessarily make a difference. Ms. List responded that although as a nurse you develop with years of experience that gut feeling – there is still value for multiple exposure.

Ms. Swanson - If a physician has a practice agreement then vicarious liability is a reality. For nurse midwives they have to weight their financial willingness.

Dr. Wills – the mission of the Board of Health is to protect the health and safety of all people in Nebraska. Regardless of how this is voted on the problem will still exist and we still need to find a solution.

### **Approval of Draft Report on Direct Entry Midwifery Technical Review**

Dr. Lazure: The Board of Health usually votes on the four criteria collectively, but you may separate them out individually. Is there a motion to vote on the criteria separately? No motion.

The Credentialing Review Committee has recommended that the proposal to credential Direct-Entry Midwives not be approved. The committee recommendation constitutes a motion, and no second is necessary. An “Aye” vote upholds the committee’s recommendation. A “Nay” vote overturns the committee’s recommendation and supports the credentialing of Direct-Entry Midwives. Is there further discussion? If not, roll call vote.

We will first vote on the four criteria regarding the credentialing of Direct-Entry Midwives. In each instance, an “Aye” vote indicates that you believe the application meets or fulfills the criterion. A “Nay” vote indicates that you do not believe the criterion has been met.

Criterion one: Absence of a separate regulated profession creates a situation of harm or danger to the health, safety, or welfare of the public and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument.

Criterion two: Creation of a separate regulated profession would not create a significant new danger to the health, safety, or welfare of the public.

Criterion three: Creation of a separate regulated profession would benefit the health, safety, or welfare of the public.

Criterion four: The public cannot be effectively protected by other means in a more cost-effective manner.

Dr. Discoe made a motion to accept the committee recommendations on Direct Entry Midwife. voting yes: 14 (Augustine, Coleman, Discoe, Forney, Heiden, Lazure, List, Reamer, Salansky, Sandstrom, Schafer, Spry, Weber, Westerman; voting no: 1 Wills; not voting: 0. Motion carried.

### **Approval of Draft Report on Direct Entry Midwifery Technical Review**

Dr. Lazure: The Board of Health usually votes on the four criteria collectively, but you may separate them out individually. Is there a motion to vote on the criteria separately? No. The Credentialing Review Committee has recommended that the proposal to change the scope of practice of Certified Nurse Midwives not be approved. The committee recommendation constitutes a motion, and no second is necessary. An “Aye” vote upholds the committee’s recommendation. A “Nay” vote overturns the committee’s recommendation and supports changing the scope of practice of Certified Nurse Midwives. Is there further discussion? If not, roll call vote.

Dr. Discoe made a motion to accept the committee recommendation on CNM. voting yes: 12 (Augustine, Coleman, Discoe, Forney, Heiden, Reamer, Salansky, Sandstrom, Schafer, Spry, Weber, Westerman, ; voting no: 1 Wills; Abstaining 2 (Lazure, List); not voting: 0. Motion carried.

Criterion one: The present scope of practice or limitations on the scope of practice create a situation of harm or danger to the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument.

Criterion two: The proposed change in scope of practice does not create a significant new danger to the health, safety, or welfare of the public.

Criterion three: Enactment of the proposed change in scope of practice would benefit the health, safety, or welfare of the public.

Criterion four: The public cannot be effectively protected by other means in a more cost-effective manner.

Dr. Lazure thanked everyone who participated in this review.

Dr. Discoe presented comments about the morning committee meeting other than midwifery:

- Recommendations on the composition of the technical review committee for Perfusionists.

*Leadership volunteers:*

Sara Balka, Auto Underwriter, State Farm Insurance, Lincoln

Richard Bauer, Public Health at Midland agency on Aging, Hastings

Michael Geppert, Director of Marketing, Omaha World Herald, Omaha

Gregg Hanson, Boys and Girls Home Nebraska, Norfolk

Lisa Pfeil, Assistant Manager, Principal Financial Group, St. Paul

*Professional organization nominee list:*

Steven Frager, Perfusion Manager, Bryan LGH Medical Center, Lincoln

(Nominated by the Nebraska Hospital Association)

Benjamin Greenfield, Clinical Perfusionist, The Nebraska Heart Hospital, Hickman

(Nominated by the Nebraska Perfusion Society)

Deepak Gangahar, MD, Cardiovascular Surgeon, Nebraska Heart Institute, Lincoln

(Nominated by the Nebraska Heart Institute)

Ask the NMA to suggest an anesthesiologist: Dr. McQuillen is the first choice, then Diana Dowl.

Board of Health representative to chair technical review committee: Gary Westerman, DDS.

Dr. Discoe made a motion to accept this recommendation for committee membership. voting yes: 15 (Augustine, Coleman, Discoe, Forney, Heiden, Lazure, List, Reamer, Salansky, Sandstrom, Schafer, Spry, Weber, Westerman, Wills); voting no: 0; not voting: 0. Motion carried.

Recap of July 7<sup>th</sup> committee meeting. Corrections to the minutes? It was noted that there are corrections to July 7 committee meeting minutes on page 7 should be 20,000 instead and 1800 should be 18000

**Professional Boards Committee.** Ms. List, Committee Chair, reported the following: Committee members conducted three interviews this morning, and propose the following appointment:

- Board of Veterinary Medicine – Veterinary Technician member:  
Ms. List made a committee motion to approve. voting yes: 13 (Augustine, Coleman, Discoe, Heiden, Lazure, List, Reamer, Salansky, Sandstrom, Spry, Weber, Westerman, Wills); voting no: 0. Motion carried.
- Recap of Meeting with Chair of Board of Psychology Dr. Daniel Ullman:  
He asked us to consider the next board appointment to be an academic perspective person. This would be especially helpful in evaluating other state applicants for licensure. He talked about investigations and discussed at the meeting that that might be something we talk about in the future. Afterwards we agreed that it was more productive to have board chairs to come during the morning committee meeting rather than over lunch.
- October 29-30 professional board interviews. Location is the Settle Inn in Lincoln. For these interviews, packets will go out for board members interested to be involved in prescreening on August 10 with a return date of September 5<sup>th</sup>. If you were not at the committee meeting and are interested in prescreening, then please let Monica Gissler know. The survey tool will be reviewed in September. The committee noted that there is a shortage of public member applicants.

Board members are encouraged to attend any part of the October 29-30 possible, and vote only if you can make an informed vote. Let Monica know as soon as possible if you can or cannot attend.

**Public Health, Education and Legislation Committee:** Dr. Weber, Committee Chair, reported.

- Legislative Update. They are monitoring Legislative Resolutions (379, 401 through 406) pursuant to possible legislative initiatives for the 2007 session. Bryson provided a handout. One of the earliest things we need to concentrate on is to develop a rapport with the new senators and provide some education. Dr. Lazure suggested that we send “Save the date” postcards to anticipated members of the HHS Legislative Committee for our January luncheon.

### **UNFINISHED BUSINESS.**

- Turning Point. Roger Reamer will join Pam List as Board of Health representatives to this group. The Board of Health has some of the same priorities and should be able to build on interests.

- Credentialing Review (407) Program – Improvement discussion. Credentialing Review (407) Program - Improvement Discussion – Dr. Discoe presented a summary from the July 10<sup>th</sup> meeting. The NCR Steering Committee would like to simplify the process in general meaning the application would be limited to about 10 pages in entirety. This is their short list of goals:
  - Simplify and streamline the process.
  - Make the process easier for the users (applicant, Legislature, BOH, interested parties).
  - Enhance public protection within the scope of HHSS - by providing appropriate advisory information to the Legislature. (Identify gaps in public protection)
  - Reduction of paperwork.
  - Require minimal statutory changes.

They specifically talked about a standing committee and the format of the review. Dave Montgomery explained where the process goes from here. This will be on the agenda for the September 20<sup>th</sup> NCR meeting, and an update there will be an update to the Board of Health again on September 25<sup>th</sup>. We appreciate the Board's input and perspective on this effort.

- In-State Retention Rates for Dental College Graduates – John Reinhardt, DDS, Dean for University of Nebraska. Dr. Reinhardt provided statistics regarding rural graduates and the presence of the school in rural areas. They were one of four dental schools that had a 100% pass rate on part II. Twenty percent are practicing in rural areas by Nebraska's definition of rural. Three great predictors to retain dentists in the state: population of the state; per capita income; dental enrollment (how many students from the state go to dental schools). Dentistry is small compared to other professions. We went through a bad time in the 1990s where dentist talked down their own professions so hard to get students to apply. On average, about 51 Nebraskans have gone to dental school. We are getting Nebraskans interested to going to dental school – about twice per capita basis than other states. The school trains rurally and works hard at placement with follow-up. Dr. Reinhardt explained about the schools site training and rural education opportunities plus the success for placement of recent graduates. Dental days have also been a positive influence in the rural areas. Dental students graduate with about \$118,000 in school debt. Dr. Reinhardt gave examples of dental graduates that are practicing in rural areas and are accepting students to practice and try rural areas. The average economic impact on a community for having one additional dentist is \$1.3 million per year, so for a small community having an additional dentist provides a significant boost to the local economy. I appreciate your interest and would appreciate your involvement.

Dr. Spry – rural loan payments – the Nebraska Medical Association talked about this last year; right now this is taxed and we invite the NDA to join with NMA to fight the tax. How many are true NE and getting a NE residency and getting degree and then leaving. Dr. Reinhardt said you have some of that but I can not give statistics. However, the opposite has also happened.

Dr. Forney – can we put a hook on it that they must practice x years in Nebraska? Dr. Reinhardt responded that actually, the loan program is helping this. Dr. Forney – if they are coming from rural Nebraska then they must come back to the rural area for 5 years. Dr. Reinhardt said they are so young that might be a hard sell. However, the incentive program is good. Dr. Reinhardt said we take every qualified Nebraskan.

Dr. Weber – speaking to recruitment of minority populations. Dr. Reinhardt said we try to – our mission is to at least try to reflect the diversity of Nebraska. Typically, we have had diversity in each class however the pool is small and it is tough.

Dr. Lazure asked what the Board of Health can do for the Dental College. We've already done a proclamation and identified the date of Dental Day. Dr. Reinhardt said if the loan repayment could be made non-taxable, and support for this effort. We need funding to repay the loans.

Dr. Discoe – Why not tied into rural practice. Dr. Reinhardt – I believe we take a higher percentage of rural population now. To get students to look at rural NE takes some work and we have had success.

Pam List – one of the reasons we have not tied it to it. We want people to be contributing members of the community – they should want to go back not because they have to.

Dr. Westerman – Three-One program incentives. Dr. Reinhardt – we don't use these, but not sure why.

Dr. Forney. Thank you for taking your time to present at our meeting.

#### **NEW BUSINESS.**

- 2007 Board of Health meeting dates. Monica explained that selected dates are based on scheduling practices used in the past. Let Monica know if someone has suggestions for a non-Lincoln meeting. Dates will be: January 22, March 19, May 21, July 16, September 24, and November 19.
- Comments and questions from public attendees: None.

**PREPARATION FOR NEXT MEETING.** The next regular Board of Health meeting will be September 25, 2006 at 1:00 p.m. in conference room LL-F of the Nebraska State Office Building in Lincoln.

**ADJOURN.** There being no further business, the meeting adjourned at 4:23 p.m. Minutes taken by Mary Maahs Becker and Monica Gissler; draft approved for distribution by Secretary Sandstrom.

Minutes approved by the full Board of Health on September 25, 2006.

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9/12/06, mcg